SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Date: Amount Paid: ENTERED Refund:

Permit #:

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CON					TO APP	PLICANT.			FILL OU	T IN INK	(NO PEN	ICIL)		
TYPE OF PERMIT REQUESTED →														
Owner's Name:					Mailing Address: City/State/Zip:					Telephone:				
Danje Henna Vernon Address of Property:						810 Cozy Corner State/Zip:	T 548	821						
The state of the s					City/	State/Zip:			1 110	Cell Phone:				
25810 COZY COMERRA Contractor:						shland WI	549	321		715-209-2584				
Contractor:	2				Cont	ractor Phone:	Plumber:			Dlumbar Dhana			e:	
Dykstva Authorized Agent:	Cousi	wetin	on Ive		115-	682-9599 ht Phone:	Greg Bro	own		715-209-016				
		gning Appi	lication on beha	f of Owner(s))	Agen	it Phone:	Agent Mailing A	Address (inc	lude City/State	e/Zip): Written Authorization Attached Yes No				
Tim Dyks	Ma				110	-209-5748	50181 SF	Hwy 1	Ashland	WI S	9006	Yes	□ No	0
PROJECT LOCATION			otion: (Use T	ax Statement)	Tax ID# 36945						Recorded Document: (Showing Ownership)			
5 1/2 1/4 5 5E 1/4 5	5/2 E 1/2	1/4	Gov't Lot	Lot(s)	CSM	Vol & Page CSI	VI Doc# Lot	t(s) No.	Block(s) No.	Subdivi	sion:			
Section 19	, Tov	wnship _	48 N, R	ange <u>05</u> v	N	Town of: Barks Ca	10			Lot Size		Acre	_	
W.						Davkson	16			10 A	tes	12	<u>) </u>	
□ Chavaland	Cree			n 300 feet of Riv of Floodplain?		eam (incl. Intermittent) /escontinue	Distance Str	Distance Structure is from Shorelin			Is Prope			e Wetlands Present?
☐ Shoreland ☐ Is Property/Land within 1000 feet of Lake, Pond or F							Distance Str	rom Shoreline					□ Yes ☑ No	
Non-Shoreland														/
Value at Time	liberta.	girt.				I-THE PARTY		17,000				19.10		
of Completion							# of bedrooms		Wh	at Type	of			Type of
* include donated time &	* include Proj		ject # of Stori		es I	Foundation	in				Sanitary System			Water
material	4						structure			the property?			property	
	∦ Ne	w Construction 1-Story				∦ Basement	Basement 🗆 1 🗆 Municipal/Cit							
\$	☐ Ad	ddition/Alteration 1-Stor			Loft	☐ Foundation	□ 2	X (Ne	w) Sanitary	Specify	Туре: <u>//</u> /	loon		Well
\$ 550,000		nversio	/0 =/			□ & 3 □ Sanitary (Exi								
,			existing bldg)								☐ Vaulted (min 200 gallon)			
		perty	11633 011		Use □ None □ Portable (w/se X Year Round □ Compost Toile									
								None						
Foliation Character	1:0													
Existing Structur Proposed Constr			ng applied to	r is relevant to it						Height:				
Troposca consti	uction.		و بروایدانی اومان			Length:	5	Width:	>×		Hei	ght:	29	
Proposed Us	Proposed Use ✓				Proposed Structure						Dimensions			quare
			Principal	Structure (firs	irst structure on property) hunting shack, etc.) 2nd Floor						Х)		отавс
		Ŕ	Residence								X 50			
H Posidontial	Llee										x 32	2)	12	99 1472
Residential	Residential Use with a										x 8)	368	
	with (2 nd) I)	_	(0)
				with a Deck with (2 nd) Deck							(12 x 30)			60
☐ Commercia	l Use		with Attached Garage							128	x 28	2)		0011
With Attach					ry, <u>or</u> □ sleeping quarters, <u>or</u> □ cooking & food prep facilities)						<u>^ </u>	181 784		04
										1	X)		
Addition/Alteration (specify)									1	X	1			
☐ Municipal L		Accessory Building (specify)									1			
		Accessory Building Addition/Alteration (specify))			
				J-10						-	Х			
☐ Special Use: (explain)											X	-,		
		Condition	(Х)									
		Other: (explain)								Х)			
(are) responsible for the	e detail and t y relying o	accuracy o n this infor	any accompanying f all information I mation I (we) am	g information) has bee (we) am (are) providi	n examin	TING CONSTRUCTION Named by me (us) and to the branch it will be relied upon by application. I (we) consent to	est of my (our) know Bayfield County in d	vledge and bel	ef it is true, correc	and compl	furtherne	ont linkilit	and the	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 50181 St Huy 13 Ashland WI 54806

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _

Copy of Tax Statement

Show / Indicate:

North (N) on Plot Plan

Show Location of (*):

Show any (*):

(4) Show:

Show: (6) Show any (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

 $(*) \ \textbf{Well (W);} \ (*) \ \textbf{Septic Tank (ST);} \ (*) \ \textbf{Drain Field (DF);} \ (*) \ \textbf{Holding Tank (HT)} \ \text{and/or} \ (*) \ \textbf{Privy (P)}$ (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%

See Attached Drawing

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	430 Feet		100	Setback from the Lake (ordinary high-water mark)	— Feet		
Setback from the Established Right-of-Way	₹35 Feet			Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff	_	Feet	
Setback from the North Lot Line	160'	Feet					
Setback from the South Lot Line	430	Feet		Setback from Wetland	_	Feet	
Setback from the West Lot Line	425	Feet		20% Slope Area on the property	☐ Yes	⊠No	
Setback from the East Lot Line	150	Feet		Elevation of Floodplain	_	Feet	
	12.0						
Setback to Septic Tank or Holding Tank	100	Feet		Setback to Well	225	Feet	
Setback to Drain Field	100	Feet					
Setback to Privy (Portable, Composting)		Feet					

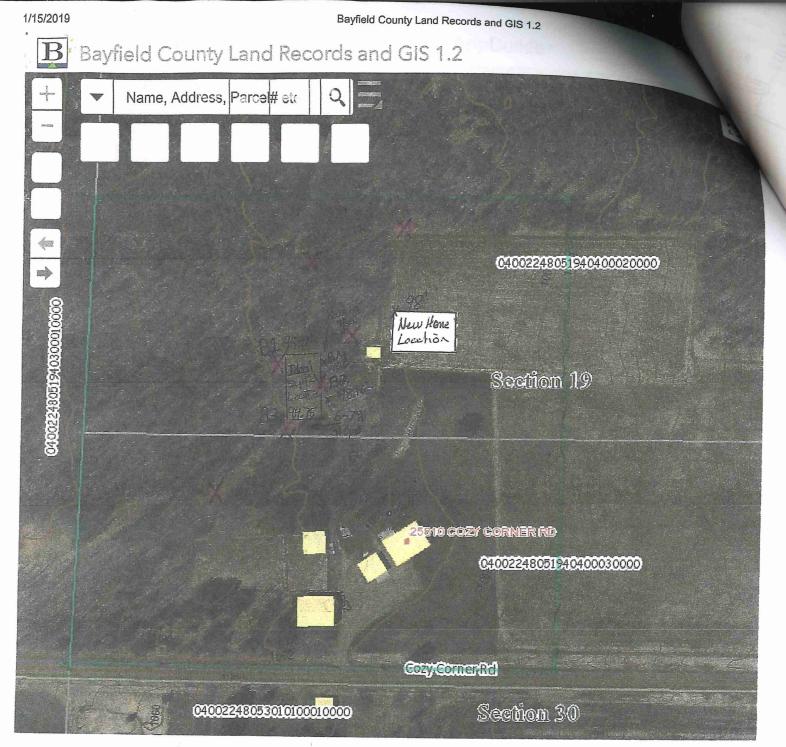
other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be ne previously surveyed corner to the other previously s larked by a licensed surveyor at the owner's expense.

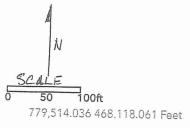
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (Coun	ty Use Only)	Sanitary Number:	-115	# of bedrooms:	Sanitary Date: 4/29/19					
Permit Denied (Date):		Reason for Denial:								
Permit #: 19-0072		Permit Date: 4-30-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	☐ Yes (Deed of Record ☐ Yes (Fused/Contigue ☐ Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	☐ Yes Ø No ☐ Yes Ø No	Affidavit Required Affidavit Attached □ Yes ▼No					
Granted by Variance (B.O.A.) Orange Yes Orange Yes	se #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ Yoo Case #:							
Was Parcel Legally Cr Was Proposed Building Site Delin		Shies	Were Property Line	Yes No						
Inspection Record: Parcel Fee Will-Marked a	Zoning District (A61) Lakes Classification (—)									
Date of Inspection: 4/27/	1	Inspected by:	d Norwood		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? Ye										
Signature of Inspector:	Date of Approval: 4/22/19									
Hold For Sanitary:	Hold For TBA:	Hold For Affi	davit: 🗆	Hold For Fees:	_ 0					







https://maps.bayfieldcounty.org/BayfieldWAB/

Daniel and Jennes Vernon 25210 Cozy Corner Al Ashland WI 54806 TAX ID# 36945 PIN 04-002-2-43-05-19-4 04-000-30000 5 /2 S/2 SE SE IN 2017R - 568938 S 19 T48N ROSW Town of Borksdalle Boy Area Soil Test 10620 Eagle Iche Rd Iron River WI 54847 1213855

1/24/19 La Delate

Mage, State or Federal Also Be Required

SANITARY - 19-11S SIGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Daniel & Jenna Vernon 19-0072 No. S 1/2 of S 1/2 of Barksdale Town of 48 Range 5 W. 1/4 of **SE** 19 Township Location: SE Section CSM# Subdivision Block Gov't Lot Lot

For: Residential Use: [2- Story; <u>Residence</u> (45' x 52') = 2,392 sq. ft.; <u>Porch</u> (46' x 8') = 368 sq. ft.; <u>Deck</u> (12' x 30') = 360 sq. ft.; <u>Attached Garage</u> (28' x 28') = 784 sq. ft.] Total Overall = 3,904 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained to the start of construction. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

Todd Norwood

Authorized Issuing Official

April 30, 2019

Date